R	OUTIN	G AND	RECOR	D SHEET
UBJECT: (Optional)				
ROM:		EXTENSION	NO.	
			-	DATE
O: (Officer designation, room number, and uilding)	DATE		OFFICER'S	COMMENTS (Number each comment to show from whom
A CONTRACTOR OF THE CONTRACTOR	RECEIVED	FORWARDED	INITIALS	to whom. Draw a line across column after each comment.)
1.				
2.				
				THIS TRAINING IN
3.				SUPPORT PROJECT
4.				20110151 (150 466)
•.				STATINTL
5. OC-C5 21 MA	y 1970		444	
6.				
7.				
8.				
				Info: 00-725
9.				779 00 723
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11. •				C
12.				
				S my S
13.				SUSP. FILE
14.				HEMO.
15.				
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